Air National Guard: C Entry Date: C VA Claim #: At what level is your claim Initial: Claim denie	Coast Guard: Social Security #, or Discha Type of VA bender: Board of Vete Immigration	: Marines: National Guard: or Service #: arge Date: efit applied for:
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Which branch of the service	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	? Initial: Hearing: Claim	denied: Appeals Council:
	ply?	. —
Social Security Retirement:_	Social Security Disability: SS	I: Workers Compensation:
What type of benefits have	e you applied for? (Check one) Medicare:	
	Social Service Agence	
~ PLEASE COME	PLETE ONLY THE SECTIONS '	THAT APPLY TO YOUR CASE ~
Email Address:		
Telephone (H):	(C):	Social Security #:
City:	Zip Code:	Date of Birth:
		Date of Birth
First	Middle	Last
	Congressman Pete Vise	closky
	Constituent Fact She	
CASEWORKER:		
CODE:		

PLEASE PRINT LEGIBLY USING BLACK INK Please describe your concerns and include any relevant file, claim, or identifying numbers associated with your case. If possible, please provide copies of documentation that may assist with your case. If you need more space, please continue on another sheet of paper. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct to the best of my knowledge. Pursuant to the Privacy Act of 1974, I authorize all government agencies to release information contained in my records as relevant to my case, and to the extent permitted by law, to Representative Peter J. Visclosky and his staff. Name (Printed)

Send completed form to:

Signature

Congressman Pete Visclosky 7895 Broadway, Suite A Merrillville, IN 46410

Fax completed form to:

Date

Attention: Congressman Visclosky Fax: (219) 795-1850